

# THE AMERICAN JOURNAL OF HOMŒOPATHY.

"The agitation of thought is the beginning of Truth."

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S. R. KIRBY, M. D., EDITOR.

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AMERICAN JOURNAL OF HOMŒOPATHY.

NEW YORK, NOVEMBER, 1848.

## THE SCIENCE OF MEDICINE IN THE ALLOPATHIC SCHOOL REDUCED TO A CATHARTIC.

The above heading may to some seem unjust. However this may be, we are of opinion that if Allopathic practice be carefully and thoroughly analyzed, the title of this article would be found nearer the truth, than indicated at first sight.

The science of medicine is far, very far, in advance of the art of medicine in the Allopathic school. While diseases have been investigated, with ability, zeal, and success; their treatment, virtually, continues unchanged.

We do not use the term, cathartic precisely in the ordinary sense of that word in Allopathic therapeutics; we mean to illustrate by it, whatever diminishes the fluids of the animal body. The term evacuant expresses our meaning better.

In fever, even before its form or type is distinguished, evacuating means are employed,

and the system reduced below a point of reaction against the cause which gave rise to the fever, which reaction, when left undisturbed by evacuations, would indicate the true character of the disease; but by such practice the patient sinks into a low nervous or typhoid state, which is looked upon as the natural course of the disease, whereas it is owing to the debility of the system, induced by the unscientific means employed to relieve the first sufferings of the patient.

Is there bleeding from the lungs, indicative of tubercles? the patient is bled from the arm, and at once reduced to so low a state as to diminish the power of the system to react, and death supervenes, even when, as yet, there has been neither cough or expectoration. We have seen similar cases, and it is a duty we owe to the public, to caution it against such practice. Is there Dysentery? the evacuating means employed goes to place the system in a condition to give rise to glandular inflammation and suppuration, which, being mistaken for a protracted and obstinate case, the patient sinks, and the disorganization of parts removes for ever all prospect of recovery.

We know the fact, that opium, allopathically administered to young persons, especially children, in dysentery, almost invariably results in death, by what is termed dropsy in the brain. In convulsions in females before delivery; which in themselves indicate a debilitated state of the system—a want of nervous power to control muscular action: bleeding is resorted to, together with other evacuations; and afterwards peritoneal inflammation, or anasarca, or other morbid conditions, the result of debility, ensue.

We might multiply examples, to show that Allopathic practice essentially consists in evacuations, and which is, with scarcely a single exception, more or less pernicious.

We have more to say on this subject.

[For the American Journal of Homœopathy.

Dr. KIRBY:

I send you, for publication, two cases remarkable for similarity in history and progress, and for the opposite manner of their termination.

Very truly yours,

R. A. SNOW.

New York, October, 1848.

*The History of a Case, terminating fatally from swallowing a Plum-stone. By Dr. George Borthwick, Kilkenny.*

S. W—, a boy between four and five years old, was brought to me on the 29th August, 1795, apparently in a state of suffocation, from having swallowed a plum-stone about five minutes before. I immediately introduced my fore finger into the pharynx, as far as it could reach, but discovered no extraneous body. I then made the child endeavor to swallow a mouthful of water, which seemed to go down with some difficulty, but for a few moments afterwards, seemed to lessen the pain and other symptoms. They were, however, returned with equal violence. But after the child had at intervals swallowed five or six draughts of water, he said he found himself perfectly well, the great pain in the throat, and strangulating appearance of breathing, being altogether gone. In which he walked home, about ten minutes after he was brought to me.

He that day dined with a good appetite; was free from any symptom of suffering during the afternoon; took his supper as usual; had a good night; and, in the morning, was in perfect health, and breakfasted with a good appetite, having had no return of pain.

But a sudden change occurred in the forenoon. He complained of violent pain in the throat, about half way between its upper part and the sternum; the muscles of the face became frequently convulsed; and a violent cough took place. This pain was not increased on swallowing, nor did there seem to be any mechanical obstruction in the œsophagus; but after every fit of coughing, he complained much of pain; his respiration was quick and laborious; his face red, and somewhat turgid, attended with prostration of strength, and great frequency of pulse.

I thought it rather difficult to account for such a sudden attack of these symptoms; yet I thought the most reasonable conjecture was,

that as the stone might have produced much irritation in its passage, the present symptoms proceeded from the accession of inflammation in consequence of this irritation, and might be propagated from the œsophagus to the trachea. Under this impression, the patient was bled freely, both by venesection, and by leeches applied to the part affected. As the cough was severe, a blister was laid on the breast, and one on the back. Gentle purgatives were given, and the stools regularly examined.

During the fourth and fifth days, the symptoms were more moderate, but not removed; the patient had a tolerable appetite; and deglutition gave no pain; but on every fit of coughing, he still complained of great pain in the throat; and at this period the stone had not passed per anum. Drs. Baker and Butler were now called in, who reckoned it improbable, from the history of the case, that the stone remained in the œsophagus: on the strictest examination with the fingers externally, on the course of the trachea and œsophagus, nothing could be discovered; nor did pressure on any part give pain.

As the antiphlogistic plan had been carried to a sufficient length, it was agreed on in consultation to lessen the irritation by the use of opiates at proper intervals, and to keep the bowels moderately open. This lessened the frequency, though not the violence of the cough, every fit of which had a suffocating look, until a copious discharge of mucous put an end to the paroxysm.

The patient continued in this way for six or seven days, frequently appearing cheerful, and having a good appetite for several hours in the day; at other times languid, and disliking food, the pain in the throat, on every fit of coughing, continuing as before. As the stone had now been swallowed above ten days, and had not passed per anum, together with the circumstance of the pain in the throat still continuing, we agreed to introduce the probang, from a suspicion that the stone might be lurking in some part of the œsophagus.

The probang was cautiously introduced completely into the stomach; and being withdrawn, the patient said, that the pain so constantly felt was now perfectly gone. He soon went to sleep, and continued free from cough for more than twenty four hours, without the use of the opiate. This speedy amendment succeeding the use of the probang, inclined us to think, that the appearances on the day of the accident had been deceitful, and that, till

now, the stone had been in the œsophagus; and as the probang seemed to have been so effectually used, we expected that the case would not be attended with any further trouble or danger.

In this we were much disappointed; for on the second day after the use of the probang, the cough and laborious respiration became as severe as formerly, with this difference, that the patient said he had no return of the pain formerly felt in the throat. The expectoration now had a more uniform appearance, and was often streaked with blood. We were obliged to use the opiates as circumstances required. The patient's appetite was in general pretty good: on some days he was cheerful and did not cough much; on others he was languid and distressed with coughing. In this way he continued until the 30th of September, when he died suddenly and unexpectedly. During two days before his death, he seemed to be in every respect better; slept well the night before he died; was cheerful when he awoke, and took his breakfast.

His mother, wishing to have the room he was in washed out, had him carefully conveyed to her own bed in an adjoining room. As soon as he was laid down, an effort to cough came on, which seemed to meet with some obstruction; on which his whole body became convulsed for a few seconds; and, after remaining in a state of insensibility for an hour, he expired.

On examining the body, the plumb-stone was found in the lower extremity of the trachea, where it divides. The inner membrane of the trachea was much inflamed, as were also the lungs which adhered strongly on each side to the pleura costalis.

We certify that the history of this case and appearances on dissection, are correctly stated.

Signed, JOHN BAKER, M. D.  
ED. BUTLER, M. D.

Kilkenny, Oct. 13, 1795.

REMARKS.—In this case there was much singularity, from the child's continuing well until the day after the accident. There was every ground to believe that the stone had passed the œsophagus soon after being swallowed, since, during the first day and night, there were no symptoms that could induce any suspicion of its having taken a different road.

I have stated, that the use of the probang several days subsequent to the accident, produced great relief for twenty-four hours, and

a removal of the pain in the throat, so constantly complained of. It is probable, that the probang, though in the œsophagus, changed the situation of the stone in the trachea to another place, where for some time it gave no irritation; but as soon as irritation was produced, the violent cough returned. This is rendered probable, when we recollect, that in the first instance, the child continued for more than twenty-four hours free from uneasiness, after the stone had fairly got into the trachea.

It would seem that previous to the use of the probang, the stone was fixed in the trachea, about midway between the larynx and the sternum, where the pain was always felt; and that afterwards it was not stationary, unless from its own gravity. It is probable, that when the child was brought to me, the violent symptoms were owing to the stone being only in its passage through the larynx or glottis; for although I felt no extraneous substance, the introduction of the finger would most likely push down the epiglottis; and therefore, though the stone might be partly in the glottis, it could not have been discovered. The possibility of such an occurrence should be kept in view by practitioners, as there might be a chance of extracting the extraneous body; or, should it escape into the trachea, a knowledge of this fact would govern the prognosis and future treatment with more precision.

Had it been certainly known, that the stone was in the trachea, it is probable, that if bronchotomy had been performed on that part of the trachea where the pain was felt, the stone might have been extracted, and the patient saved. Although no particular spot should be pointed out by pain, yet, if there is a certainty of an extraneous body having got through the larynx, which is not likely to be thrown up by coughing, the operation might be warrantable; and, by proper forceps, the body might be laid hold of and extracted, though at some distance from the opening made in the trachea. Where any doubt may remain of the extraneous body having got into the trachea, a surer diagnosis perhaps could not be found than the history and dissection of this case afford.

*The History of a Case terminating favorably after swallowing a Tamarind-pit. By Dr. Snow of New York.*

I was called on Wednesday morning at 6



o'clock, on the 17th of May last, to see J. H., a lad six years old.

From the description given, supposing it to be a case of strangulation, requiring the immediate application of surgical means, I requested my friend, Dr. McVickar, to accompany me. We found the patient with a rapid pulse, burning skin, livid complexion, choking, suffocative cough, anxious and labored respiration. He had been in this condition for several hours.

It seems that on the Monday evening previous, with other children, he was playing with *Tamarind-pits*. Holding his head in an elevated position, he tossed one of the pits into his mouth, and was immediately attacked with coughing and strangulation, was greatly frightened, blue in the face and much distressed for breath. Soon the paroxysm subsided, he regained his usual appearance, and nothing more was thought of the occurrence.

Examination of the chest showed equal clearness of sound on percussion over both lungs, while over the left lung there was a total absence of respiratory sound, whereas that of the right lung was much exaggerated. From these signs, in connection with the history of the case, it was diagnosed as a lodgment of a foreign body in the left bifurcation of the trachea. This information was at once communicated to the father, the imminent danger in the case clearly stated, together with the assurance that in all probability an operation for the removal of the foreign body from the bronchial tube would be indispensable to the safety of the child, and offered the only prospect of relief; at the same time it was remarked that in the efforts of coughing the cause of obstruction might be expelled—although such a result was rather to be desired than calculated upon.

In the course of the morning, Dr. Howack, by request, met Dr. McVickar and myself in consultation, and again at 3 o'clock in the afternoon. In the meantime aconite and arnica in solution had been given, and the patient had become more quiet—the violence of the symptoms had materially abated. On account of the wishes of the parents, and as the patient was so much more quiet, it was thought best to postpone an operation until the symptoms became more urgent. As to the nature of the case, and the necessity for an operation, there was no difference of opinion.

For several days the fever continued, there were frequent paroxysms of coughing and

dyspnoea; the little fellow lost all appetite, his strength rapidly failed, and to all appearance the case was about to terminate fatally. The child inherited a nervous, susceptible constitution, and the parents feared that he never could survive an operation; nor, indeed, at this time, did an operation promise to be successful. Subsequently, however, his parents became more reconciled to it, and it was determined to embrace the earliest favorable opportunity to perform it. After a few days the fever abated, but returned at intervals, assuming an intermitting character. The cough and dyspnoea also recurred at frequent intervals, but the respiration was constantly labored, and at no time was the passage of air detected in the left lung.

The patient wore an anxious and painful expression of countenance, was exceedingly irritable, restless and thirsty. For two weeks he took no sort of nourishment save water, and became greatly debilitated and wasted in flesh. He complained much of pain in the region of the umbilicus, and subsequently over the left clavicle. During the succeeding two or three weeks, his cough became somewhat loose, the paroxysms of coughing, though not so frequent, were more severe, and at such times, his sufferings amounted to intense agony. Arsenicum and Phosphorus were administered, and both appeared materially to palliate the cough and dyspnoea.

In the fourth week there was at times a slight return of the appetite, and in the pyrexia, particularly every other day, the child appeared much better, would sit up, and show an inclination to be amused.

On sitting the patient erect, the left shoulder was found to be from one to two inches lower than the right, and there was considerable concavity at the left side of the chest.

After the fourth week, his appetite and strength continued to improve, and, by turn, he was comfortable and playful. The paroxysms of cough and choking were not so frequent, but still painfully severe and threatening, during which there was vomiting of food, and expectoration of mucous.

During the sixth week he was attacked with a severe and prolonged fit of coughing, and expectorated a good deal of mucous, in which his mother observed "a dark looking substance," but it did not, at the time, occur to her to examine it—a circumstance since much regretted by herself and friends. From this time the patient began to recover; the

cough abated, his appetite increased; he regained flesh; and was soon at play. For three or four weeks he had some cough and mucous expectoration.

During the whole period several Homœopathic medicines (and none other) were administered, but none with so much apparent benefit as Phosphorous 30. This always seemed to palliate his cough and it finally disappeared under its employment. The child has since become (and is at this time,) remarkably healthy robust and active.

**REMARKS BY THE EDITOR.**—There are one or two points in the above cases we think worthy of remark. 1st, In the first case the child was treated antiphlogistically, which diminished greatly the vital power; and in the other case, what was done tended to preserve it. 2nd, The latter case shows what is acknowledged by the profession, the remarkable efforts which nature makes to relieve the human system of foreign bodies; and all interference by art should correspond to the action of the vital power in the work she is accomplishing, which was done by the remedies administered. In the first case the heroic treatment must have diminished the vital force, and induced the very pathological condition which proved fatal. The remedies in the second case were suited to mucous membrane inflammation in the trachea and lungs, at the same time they did not interfere with the activity of nature's laws by which the happy result was accomplished. Is it not reasonable to suppose that the violent means employed in the first case had much to do with the result? And is it not also equally reasonable to conclude that had similar means been used in the second case there would have been a different result? Such is our opinion.

**THE ANNALIST, A Record of Practical Medicine in the City of New York.**  
Edited by N. S. DAVIS, M. D.

The first number of Vol. 3 of this Allopathic periodical has just appeared, under the supervision of a new editor. We do not know if he has had experience in journalism; if he has not, this No. shows him possessed of ability, and we should think the Allopathic school would sustain his Journal by a large increase of subscribers.

We extract the following case, which seems to us rather weak and imperfect testimony against Homœopathy. We presume it was

inserted to gratify a personal friend, for the editor surely could not have regarded it a just criticism even if the statement of the case was true.

For the Annalist.

**INEFFICIENCY OF HOMŒOPATHY.**

MR. EDITOR:

Noticing in the Annalist a few weeks since, a request that physicians would communicate such cases, illustrating the inefficiency of the Homœopathic mode of treating diseases as should come under their observation, I send you the following which is at your disposal:

Mr. A. B. Boatman, aged 20 years, good constitution, was taken with chills, pain in the head, back and limbs; followed by thirst, furred tongue and all the symptoms of a moderate attack of the Billious Fever. Two genuine disciples of Hahnemann were called, and the patient was forthwith put on the regular homœopathic treatment. During the first eight or nine days, the patient had no evacuation whatever from the alimentary canal, and the fever continued without any abatement. At this period free spontaneous evacuations from the bowels took place, and the continued fever soon gave place to an intermittent of the quotidian type. Still the regular Homœopathic infinitesimal system was steadily persevered in, and the patient's paroxysms of chills and fever continued regularly to recur for more than six weeks, at the end of which time, the canal having opened for the commencement of Spring business, he was carried on board of his boat and started off. How long he continued sick, or continued to follow the system of Homœopathy after this, I do not know.

Here was a strong, robust young man experiencing, what we in the country call, a simple "billious attack," which, with proper and efficient treatment, never lasted longer than from three to seven days, confined to his house two months, compelled to hire a man to run his boat one trip at an expense of \$50, and is finally carried on board himself, still an invalid in the hands of Homœopathic quackery. If you wish for any more perfect illustration of the total inefficiency of genuine homœopathy, in the treatment of one of the most curable forms of disease, I will endeavor to supply it on some future occasion; for the materials for so doing are abundant in this region.

Yours truly,

C. T.

BINGHAMTON, N. Y., Aug. 20, 1848.

The main object in placing the above article before our readers, is to show, to what despicable shifts our opponents resort, for the purpose of arresting the progress of homœopathy. We will, however, avail ourselves of the occasion to say, first: The term "Billious Fever" is usually employed by Allopathic physicians rather indefinitely; and there are too many letters in the word by an L.

Second: A genuine bilious remittent fever is very often followed by "an intermittent fever of the quotidian type," in allopathic practice, which will not be denied by the experienced senior members of the profession. As it regards the case of the "boatman," it is very doubtful if it was a bilious fever at all; however this may be, the writer does not prove it to have been so, by his description of it; he simply asserts that it was so—although he does not say that he himself saw the case. C. T. relies very much on the gullibility of his readers, or he is exceedingly ignorant of what he wrote about. From Dr. Watson's "Lectures on the Principles and Practice of Physic," a standard work in the allopathic school, may be read on page 965, on bilious remittent fever. "There are always, however, certain prominent symptoms, invariably present, an attention to which will lead at once to an accurate diagnosis:—These are, gastric irritability, a sense of oppression and distress at the epigastrium, pain of the head, back, and limbs, and the great prostration of strength early exhibited by the patient." It will soon be perceived that the above case, even if what is stated was true, may not have been, at the commencement, a bilious fever. To our mind it was the incipient stage of an intermittent fever, because we have seen the like in many instances. Assuming it to be such, we have only to remark, what is well known to the intelligent Editor of the *Annalist*, if not to his correspondent, that their own school possess no reliable means for its cure; and that the article of quinine, which has been so much employed for suppressing the chills, is now in many parts of the country abandoned, because of its uncertainty, even for this purpose, and because of its well known injurious effect upon the constitution. And further, the work from which we have quoted, declares, "bilious remittent fever is closely allied in its nature to intermittent fever, of which, by many, it is considered as a mere modification." The same author speaks of the "milder" forms of the disease, which, under appropriate Allopathic treatment, "the remissions are more distinct, and of longer continuance, until finally a complete intermission occurs, followed by a state of convalescence—which is usually protracted." Admit that the above case reported by C. T. was a simple bilious fever. Had he grounds to draw an inference, prejudicial to the treatment of the case, on account of the development of "an intermittent fever of the

quotidian type," and the recovery protracted? We think not. For the best authorities of his own school testify that bilious fever may continue, "thirty, thirty-five, and fifty days."

It is probable that scarcely two allopathic practitioners would agree as to what constitutes a simple bilious fever; or, as C. T. has it "simple bilious attack." From the article before us, the colleagues of the writer may learn something; for he teaches that, that is a "simple bilious attack," which, "with proper and efficient treatment, never lasted longer than from three to seven days." A fair inference from this is, that if it continues a longer period it becomes something else; and if such cases do not recover within three or four or more months, as not unfrequently happens with "efficient" allopathic treatment, it must be set down as remarkably severe or obstinate. We will briefly examine this doctrine, for we have doubts about it. That physician who can distinguish at the commencement a "moderate attack of bilious fever," which shall run only three or seven days; from one that, under any treatment, will run from fifteen to fifty days, possesses more skill in prognosis than any one, yet known. Perhaps C. T. of Binghamton, N. Y., is the man who is endowed with intuition in prognosis—it can only be intuition: for the subject will not admit of reasoning; unless the fact, that generally the milder the symptoms at the beginning, the more severe and long continued will be the fever, furnishes a ground for reasoning; which, in the case under notice, proves any thing but the "inefficiency of homœopathy."

Third—C. T. says: "Two genuine disciples of Hahnemann we called, and the patient was forthwith put on regular homœopathic treatment." How absurd to call this, as he does, "homœopathic quackery." Admit the thing to be "genuine," and then call it a counterfeit.

There is but one point in the case as reported. It is this: The chills and fever continued six weeks under homœopathic treatment; and for ought the writer knows, the "boatman" was well after that period. This is, indeed, wonderful!!! But we can do better—we can give well authenticated cases of bilious fever, which become intermittent fever—treated allopathically, from six months to two years, and not cured; although they had "efficient treatment," yet it was very far from being "proper." Two of these cases were subsequently permanently cured by the 30th



attenuations of the homœopathic remedies.

Finally: We do not object to honest reports of cases of the failures of homœopathic treatment, but, on the contrary, we would encourage such reports. But if the *Annalist* thinks he can arrest the spread of homœopathy, by admitting into his columns communications of the character of that of C. T., we are quite certain he will fail—utterly fail, to accomplish that object.

We really have a favorable opinion of the ability of the Editor of the *Annalist*, and it does seem to us, that he intended to administer reproof to his correspondent, by the publication of his article without correction or comment.

For the American Journal of Homœopathy.

MY DEAR SIR:

I send you the following, conceiving it may be of value to some of your readers, as it is one of those cases which have, as yet, been seldom treated Homœopathically. The remedies which appear to have been curative, are well worthy of trial in similar cases; and it is to be hoped that those who may have opportunities, and especially those who may be successful, will communicate the results. It is extracted from a late French journal.

Yours truly,

JAMES KITCHEN,  
39 Spruce Street, Philadelphia.

#### A SARCOMATO-FUNGOUS POLYPUS OF THE RIGHT NASAL FOSSA.

In July, 1846, I was consulted by a lady 34 years old, of a light complexion, very delicate, very excitable, and of a lymphatic nervous temperament.

I had already given her advice on several occasions, particularly for gastralgia and leucorrhœa, and for fluent coryza of great intensity, with fever and intense pain in the frontal and maxillary sinews. She has had a papular eruption on her face since birth. For about six weeks previous, she had been troubled with frequent and profuse epistaxis—at the same time, the right nostril appeared to be obstructed by impetiginous crusts. I gave her sulph. trit., 2 glob. 600.

Fifteen days after, she had a much more intense coryza than ever—it consisted in a discharge of very profuse burning serosity from both nostrils, with excessively painful headache, which extended to the orbits, the bones of the nose, to the maxillary bones, with burn-

ing fever and general prostration. I left her merc. solub. 30, to smell, and the next day the coryza had ceased.

During this, the affection of the right nasal fossa had advanced—respiration was almost impossible on that side—and nostril evidently dilated. Moreover, there was an ichorous running, which had an odour of old herring, and soon became very fetid. On examination, I then discovered a tumour of the size and form of a kidney bean, partly fungous and partly sarcomatous, very vascular—and easily bleeding. I gave lachesis 30; under its influence the ichorous discharge at first lost its fetor, and, after a short time, became perfectly inodorous and much less abundant. For fifteen days, the tumor remained stationary—it then commenced swelling; the patient complained of a feeling of tension in the nose, and of an insupportable anxiety.

From the gravity of the case, Mr. Leon Simon was consulted, who agreed with me in diagnosis, but thought the case should be referred to an experienced surgeon, on account of the anxiety of the family.

M. Maissonneuve, Surgeon-in-chief of the Bicêtre, accustomed to see all sorts of such cases, diagnosed a sarcomato-fungous polypus, invading the frontal and maxillary fossa—and having a manifest tendency to become cancerous, he recommended the ligature and cauterization.

In addition, Messrs. Reux and Velpeau were separately consulted. The first agreed with Monsieur M., as to its nature and treatment. M. Velpeau, considering that it was already in a cancerous state, advised the repression of it by the sulphate of alumine, reserving the operation to the last.

Taking every thing into consideration, we agreed in accordance with the wishes of the family to try Homœopathic measures, and, accordingly, on the 26th September, we administered Phos. 200<sup>e</sup>, 2 globules, dry on the tongue. Symptoms 374, 375, 384, 385, 395, 396, 400, 434, combined with 1142, 1145, 1146, 1154, and 1156, were the motives which determined our choice. To the 10th October there was no change; but dating from that day, the congestion of the nose diminished, the tumor lessened, and an evident amelioration took place. Nevertheless the discharge was abundant—but it was inodorous, up to the 21st October, when it diminished in a very appreciable manner to cease altogether on the 25th of the same month.

At this time, the tumor presented the volume and form of a strawberry—the fungous part had disappeared—he was left only the sarcomatous portion, which was of a violet red.

During the first days of November, the tumor remained stationary. On the 7th he gave Ars. 2 glob. 800°, dry. On the 14th, it was reduced to the size of a pea, its form the same—the violet color was changed to a dark red. It remained the same to Dec. 14. We then gave Silic. 2 glob. 200°, dry. At the end of January, there was not a trace of the tumor, and the mucous membrane had regained its normal color. The ichorous discharge, and pains formerly experienced, have not returned.

### HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

We congratulate the friends of true medical science on the establishment of the above named college. The very modest circular, which we publish in another column, indicates that the course of studies will be superior to any similar institution in America. The charter of the "Homœopathic Medical College of Pennsylvania" requires, that all the branches in medicine and surgery must be taught as in other medical schools in this country; embracing also that system of medicine designated by the term Homœopathy. The graduates of this college, we do not doubt, will receive that confidence which is due to thoroughly educated physicians. For, from our knowledge of most of the professors, we do not believe that a student will be admitted by them to the degree of Doctor in Medicine, who is not found duly qualified.

In concluding this very brief notice, we will admit that we are not without some feelings of mortification that our sister city should entitle herself to the high honor of organizing the first college of the Homœopathic school. We did hope that New York would have secured that honor; but it is otherwise; and we will submit with the best of feelings, and promise what little influence we can exert in favor of the Philadelphia enterprise. This remark reminds us of a fact, which has often been the subject of conversation, and which may be useful if generally known. The Homœopathic school, in its aspect to the public, differs in the two cities. That difference consists in this: In New York the character of

Homœopathy was represented by a class of practitioners who were what has been termed "mixed men," or, more properly, "eclectics." In Philadelphia, on the contrary, the controlling influence has always been in favor of pure, unmixed Homœopathy: and although there were a number of practitioners who were regarded unsound in doctrine and practice, they were in the minority and did but little harm if compared with New York. This state of things has always given the former city the advantage of the latter, and the same may be said of the two states. We do not intend to be understood to assert that pure Homœopathy is not now in the ascendant in New York; this is even so, and we are happy to be able to announce it; at the same time, it will take perhaps years to remove the pernicious effects of "eclecticism" which has been practiced in the name of Homœopathy in this city.

We will remark finally, that we confidently rely upon the Homœopathic Medical College of Pennsylvania for the promulgation of the true science and art in medicine, and also to furnish a supply to the very large demand for well-qualified Homœopathic practitioners in almost every part of these United States.

### THE HIGH POTENCIES.

We are glad to see the number of those who employ the higher potencies of attenuated medicines increase.

The mode of preparing medicines which was invented by Hahnemann, furnishes to the physician a wide scope for the exercise of tact and judgment in the selection of doses adapted to the particular circumstances of the case, the susceptibility of constitution, &c.

The physician who, by experience, has learned the value of these attenuations, has a greater number of tools to work with—tools of a finer quality and of greater efficiency.

Disease may be combated, the curative operations of the organism interrupted, and for the time, suspended by large doses—often the more readily for being homœopathically indicated; and to the superficial physician and the ignorant patient a cure seems to have been effected, while only an alteration or palliation of the morbid symptoms has been accomplished.

The attenuation of medicines increase their curative effect, they excite the reaction of the



vital forces by virtue of their dynamic power.

It will be acknowledged that the best recorded cases of cures, are made by medicines highly potentized—we are sure this corresponds to our own experience, and to that of those who have habitually employed them.

The Dysentery which so much prevails at this season, we have often seen cases rendered obstinate and unmanageable by the repeated use of large doses, while as often have we seen immediate cures effected by single doses of potentized medicine.

A case we have in mind of ten days continuance, in which *ars. mur. mer. sulph.* had been used in the 3d and 30th, was at once arrested by a single dose of *sulph.* 400; and we could multiply examples and gather them from the practice of many about us.

Their employment requires exact knowledge of the medicine and of its peculiar adaptation to the cases in which they may be given, but we are sure that physicians would be well repaid for their care and study in the knowledge which would be thus furnished them, of means of superior power and efficacy.

#### CIRCULAR.

The Subscriber proposes to issue on the first of January, 1849, (provided the number of Subscribers will warrant it) the first number of a

#### QUARTERLY

#### HOMŒOPATHIC JOURNAL,

the contents of which will consist mainly of translations from the latest and best German and French Homœopathic periodicals, embracing Therapeutics, additions to the *Materia Medica*, re-provings of drugs, reports of remarkable cases, endemics and epidemics, clinique, intelligence respecting the progress of the system, correspondence, statistical information, &c.

The selections will be made, with the view of furnishing the American reader with practical and scientific information, avoiding as much as possible articles of a polemic character, from the following Journals: *Hygiea*; *Oest. Beobachter*; *Archiv*; *Annalen*; *Hom. Zeitung*; *Journal de la médecine Homœopathique*; *Bulletin de la société de médecine Homœopathique*, &c.

The German and French Homœopathic literature of the day is full of interest and instruction to the practitioner, and as many of our physicians are not acquainted with these languages, the Subscriber hopes that the Journal contemplated by him will prove acceptable to the profession.

At the same time the columns shall be open to communications from physicians at home, who are hereby respectfully requested to contribute.

The translations will be made, and the Journal conducted by A. C. Becker, M. D.

It will contain 144 pages octavo, and in size and typography will be similar to the British Journal of Homœopathy.

Price three dollars a year, payable on the delivery of the first number. Communications to be sent, post-paid, to the care of the publisher.

OTIS CLAPP, PUBLISHER,  
23 SCHOOL STREET, BOSTON.

We publish the above Circular at the request of Mr. Clapp, and will give the enterprise our hearty co-operation; provided the "Quarterly Homœopathic Journal" does not attempt to advocate the doctrines contained in a certain pamphlet compiled by Dr. Becker, entitled "Allopathy, Hahnemannism and Rational Homœopathy." Dr. B., in our humble opinion, will find it no easy task to secure the confidence of the homœopathic school, unless he repudiates the "eclecticism" of that pamphlet. Assuming that this will be done, we do not hesitate to say, that a work of the character described in the Circular, is greatly needed, and we hope physicians of our school will at once send their names to the publisher as subscribers. Dr. Becker has the reputation of a good translator, and much, almost indispensable information, is contained in the works named in the Circular.

#### MEDICAL LECTURES.

The season is approaching when the numerous schools of medicine in the United States will be in a state of activity. There is doubtless a decided choice among them, and it is of consequence to have reference to the fitness of the men who give the courses of instruction. While some talk, and others read the opinions and suggestions of by-gone oracles, from year to year, without sufficient reference to the brilliant progress science is constantly making in every department of human knowledge, many actually feel their responsibility to students, and labor incessantly for storing their minds with important facts and established truths: they interpret nature, instead of glorifying themselves.

The magic of an individual name, it is feared, is the life-blood of some of these institutions, and their withdrawal, or decrease, might prove a death blow to some colleges. Real genius, moral worth and enterprise, seek no selfish ends, nor does their stability or usefulness depend on intrigue or false exhibitions of character. Medical schools, created not for the promotion of medical science, but for certain incumbents, without reference to their capacity or fitness for public teachers, if such there are, should be avoided. Is the public in an error in supposing that there are any such medical clap-traps?—

*Boston Med. and Surg. Journal.*

**THE CONTAGION OF CHOLERA, THE  
CONDITION OF ITS SPREAD, AND  
THE LIABILITY OF INDIVID-  
UALS TO ATTACK, &c.**

The continued prevalence of Cholera in some parts of Europe, and the probability of its extending westward, has caused the most diligent and scrutinizing search into the nature of its causes, the conditions of its spread, &c., on the part of the health officers and Sanitary Commissioners of London and other cities in the western part of Europe. These investigations have led to the publication of several reports and essays; among the most interesting and valuable of which, are two reports from the Board of Sanitary Commissioners of London; another by Alexander Thom, Esq., on the causes, character, and treatment of the Cholera in H. M. 86th Regiment at Karrachee, in June, 1816. an essay by Chas. Gowl of London; and another by M. Bureau de Riosfrey of Paris. The substance of these several publications is contained in a long and exceedingly interesting article in the British and Foreign Medico-Chirurgical Review for July, 1845; and as every thing connected with the causes and spread of great epidemics, is of the utmost importance to the profession, we do not hesitate to lay the conclusions arrived at, by those engaged in the above mentioned investigations, before our readers. And we do this the more readily, because the same conclusions are equally applicable to the spread of Yellow Fever, Influenza, &c. The London Commissioner state, that the Cholera, in its spread through Europe, both in 1832-5, and at the present time, has almost uniformly made its first appearance in the lowest and dampest part of the city attacked. And we find this position also strongly insisted on by an able writer in the British and Foreign Review for April, 1847. This was true of Moscow, Warsaw and Berlin, St. Petersburg, Breslau, Paris, Carlisle, Manchester, London, and we may add New York also. Hence the Commissioners lay it down as a settled proposition, "that it is the combination of *humidity with impurity* of the atmosphere, which so powerfully predisposes to Cholera." The evidence on this point, if given in detail, would more than fill our whole journal, and is entirely conclusive. The next conclusion at which the Commissioners arrived, is, "that there is *no evidence* that Cholera spreads by the communication of the infected with the healthy." This has been abundantly proved in every country where the disease has made its appearance during the last twenty-five years. Thus, preceding the actual appearance of the Cholera at Trebizonde, at Astrakhan, and Moscow in 1847—the most rigid quarantine and precautionary measures were adopted; but without the slightest apparent effect in preventing the spread of the disease. In regard to the last named city the report says:—"That among all the physicians of Moscow, there is certainly not one who believes that a Cholera patient communicates the disease by the touch. Daily experience is too decided on this head."

The Italian and Swedish Commissioners are also equally decided on this point. Dr. Parkes also, who witnessed a severe epidemic of Cholera in the Tanasserim provinces in 1843, states that "the disease passed in a regular course through the country, nearly from North to South; its introduction into a place was never traced to intercourse; corps having free intercourse with infected districts wholly escaped," &c. Again, in 1843, a portion of H. M. 63d Regiment was attacked with cholera while marching from Madras to Bellary, and the authorities of the latter place at first refused to admit the affected corps, numbering about 600 men, into the town. But the weather being exceedingly hot, and the disease continuing more and more fatal while the soldiers were protected only by tents, they were admitted into the fort, and comfortably provided for in suitable buildings. Instead, however, of communicating the disease to the remaining soldiers of the fort, or to the inhabitants of the town, both remained wholly unaffected, and it rapidly disappeared from that part of the regiment which had just been so seriously afflicted. Proof, equally strong, was exhibited in France in 1836, when the Cholera prevailed very severely in Marseilles, and many thousand of its inhabitants fled to the neighboring city of Lyons without communicating a single case to the latter city. But it is not so much our purpose, in the present article, to multiply proof, as to state conclusions; and hence we will close the subject of contagion with the emphatic language of the review already referred to. The writer says, that "Cholera does not require human frames for its transit and its multiplication; it is not bounded in by lines, nor circumscribed by empty spaces; wherever it finds its conditions of existence it can spread, although for miles no man is found, whose frame may be the test of its power. This point we firmly believe is settled; it requires no qualification; it needs no further discussion." A third conclusion of the London commissioners is stated as follows, viz:—"That Cholera observes in its progress the laws of ordinary epidemics, being influenced by the same physical conditions, and attacking similar classes of persons."

Thus say they in their second report, "the Cholera districts, the Typhus districts, and the Influenza districts, are all the same; and the local conditions which favor the spread, and increase the intensity of these and all kindred diseases, are every where similar. The proof of this is found in the fact, that in the districts in which we have already shown that Cholera principally prevailed, and from which typhus is rarely absent, influenza was twice, and in some instances, four times as fatal, as in the more salubrious parts of London." The commissioners do not mean to assert here, that the cholera, influenza, &c., are always confined exclusively to fever districts; but only that the same physical conditions favor the spread and increase the intensity of all these diseases." "These conditions," say they, "may be comprised in *impure and humid air, unsuitable or*

*insufficient food, inefficient clothing or protection from cold, and ill constructed dwellings."* So uniform has been the influence of these conditions on the prevalence and severity of cholera, influenza, and epipemic fevers, both in Europe and Asia, that we may foretell, during any epidemic visitation, very certainly, both the localities and the class of people which will be chiefly affected. There are, however, several minor conditions besides those enumerated, which exert more or less influence; and of these perhaps the soil is the most important. Thus volcanic and sandy soils are said to be less favorable to the prevalence of these diseases than any others. This has been attributed to their greater power of absorbing water, and thereby lessening the humidity of the atmosphere. But we cannot follow either the London Commissioners, or any of the other writers we have named, through even a tithe of the evidence they have furnished, in regard to the three propositions we have stated.

The great practical inference, however, which we would deduce, and which we wish could be fully impressed on the whole human family, is this:—that however little we may know about the epidemic principle or essential cause of cholera, and other kindred diseases, it is certain that the conditions and circumstances on which its activity and destructive prevalence, almost entirely depends, are not only known and tangible, but are to a very great extent, under our own control. Thus we are taught by all the experience of the past, that, without *impure air, insufficient or unwholesome diet, or bad clothing*, no epidemic disease can become either extensively prevalent or fatal. Hence it is high time that all those, in whose hands are intrusted the sanitary regulation of cities, villages, &c., should, at least, turn a part of their attention from those quarantine and non-intercourse regulations, which are to some extent the off-springs of former errors, to the actual condition of the streets, lanes, alleys, cellars, and houses, within the bounds of their charge. For they may rest assured, that whenever the conditions we have enumerated, as favorable to the existence and spread of epidemics exist, there such diseases will find their way during the seasons of their prevalence, in spite of all the quarantine and non-intercourse regulations that ever emanated from legislative authorities. And, on the other hand, wherever a city is found free from these conditions, the inhabitants will be safe, even though an hundred infected individuals should be thrown into their midst. These are great and important truths, which have been abundantly illustrated by every epidemic that has prevailed during the last half century; and hence, they cannot be too strongly impressed on the profession, and through it, on the whole community.

*Annalist.*

#### PRACTICAL SCHOOLS OF ANATOMY.

How does it happen that the ardor of former years for studying anatomy in private theatres,

and demonstrations under accurate teachers, has so generally subsided? Brilliant courses of lectures were formerly given in most of the Atlantic cities, during the progress of the public instructions in the schools of medicine, and not only with profit to those who improved the opportunity, but with the general approbation of the faculties of the regularly-organized institutions.

Dissecting rooms are appended to the medical colleges, as they should be, with a view to affording students an opportunity of becoming expert in dissection; but popular courses of anatomy, by private enterprise, have always been profitable to the hearers, however disastrous to those who bore the expense as well as labor.

A mad system of itinerating with a manikin has been much in vogue. People love to have their marvellousness excited by looking on while muscle after muscle is detached, dry as a ribbon—and a promiscuous assembly of men, women and children, imagine that the exhibitor who picks the artificial model of humanity to pieces so easily, must be a prodigiously learned professor of exceedingly profound sciences. This racing over the country from village to village, and exhibiting the mysteries of animal organization with a manikin, is falsely called popular anatomy. The truth is, it is a superficial show of superficial things, and far too often by very superficial persons in pursuit of pence. A revivification of the old but excellent system of private courses of anatomy is unquestionably desirable in all the large cities, by which students and artists, and such others as might desire a general acquaintance of animal mechanism, as exhibited in the beautiful structure of the human frame, may be gratified and advanced in useful knowledge.

*Boston Med. and Surg. Journal.*

#### AMPUTATION.

##### DEATH UNDER INHALATIONS OF CHLOROFORM.

M. Robert, surgeon of the "Hospital Beaujon," Paris, reports the following case: "A young man, twenty-one years of age, was admitted, on the 25th of June last, into the 'Hospital Beaujon,' for a severe fracture of the shaft of the femur, caused by a ball which had traversed the limb from before backwards. Disarticulation of the thigh was decided upon. The patient was put under the influence of chloroform by means of the apparatus, divided by a spiroid diaphragm made of netting, and provided with a large mouth-piece; the nose was secured by an assistant. In three or four minutes there were a few convulsive movements pointing to the period of excitement, and soon after a complete state of relaxation came on. A large anterior flap was then made, beginning three fingers' breadth below the anterior superior spine of the ilium; hardly any blood was lost. The patient at this moment woke, and M. Robert desired that more chloroform should be given, and continued the operation. Hardly had a quarter of a minute



elapsed, than a loud stertorous breathing was heard, and the apparatus was withdrawn. The patient's face was extremely pale, lips blanched, and the eyes, the pupils of which were greatly dilated, were drawn so high upwards as to be hidden by the upper lid. The operation was immediately suspended. The pulse at that time was hardly perceptible, all the limbs were in a state of complete relaxation, and the breathing was heard at long intervals. Frictions, irritation of the pituitary membrane, forced movements of the arms and of the ribs, were resorted to; several times the respiration seemed to become more vigorous, and the pulse more distinct, but this was but a momentary improvement, and it was but too apparent, after three-quarters of an hour of incessant efforts on the part of the persons present, that the patient had ceased to exist. The sudden paleness of the skin, the annihilation of the pulse, evidently pointed to syncope; and as the latter cannot be ascribed either to hæmorrhage or a protracted operation, it must be concluded that syncope was the immediate result of the inhalations of chloroform; the more so, as none of the symptoms of the admission of air into the veins were present. The special kind of wound which the patient had received, as well as the stupor and shock consequent upon it, should, at the same time, be taken into consideration, besides the deep dejection and despair in which he was plunged."

After some discussion, it was decided in the Académie de Médecine that this case should be referred to the committee which is to present a report on ether.—[*Lond. Lancet.*]

#### MAL-PRACTICE IN MIDWIFERY.

One of those instances of apparently unpardonable violence or ignorance in an accoucheur which have occasionally been reported as occurring, but which one of the oldest correspondents of this Journal some years ago thought was impossible in the hands of any medical man, is stated lately to have taken place in Staffordshire, Eng. W. H. Flint, who is represented as a licentiate of the Royal College of Surgeons, was called to attend Mrs. Riley, in labor. "On making an examination he is said to have pronounced it a preternatural presentation, and to have sent the husband for his instruments. He appears to have been impressed with the necessity of turning, and he performed some manipulations, during which he told the woman about him that he had turned. In subsequent manipulations he said he had delivered the woman of one child, and foretold the speedy delivery of another; but what he thus called a child, was proved by the evidence to have been a portion of the patient's intestine!" In endeavoring to effect delivery, it seems he also detached two of the limbs of the child, and the uterus was likewise ruptured. An open penknife was found in the bed after the death of the woman. He was indicted and tried for killing Mrs. Riley. On

the trial, it was elicited that the woman died from the rupture, upon which the judge stopped the case, and recommended the jury to say that the prisoner was not guilty, which they did, on the ground that the rupture might have proceeded from natural causes.

*Boston Med. and Surg. Journal.*

#### Mortality of Irish Medical Practitioners.—

Drs. Cosack and Stokes, in the Dublin Quarterly Journal of Medical Science for August, 1847, and February, 1848, have drawn the attention of the profession and government to this subject. From these papers we learn that the number of practitioners of medicine in all Ireland is computed in round numbers at 2,700, one fifteenth of whom have died during the year 1847. Alas! how little the community are aware of the devotion and sacrifice of the medical profession on the altar of public weal! We subjoin the following deductions drawn by these gentlemen from their inquiries:

1. That the physicians and surgeons of Ireland, are, by their profession, more exposed to the influence of fatal diseases than any other class of the community of a similar grade; and that they are at all times liable to these influences, from the period of entering the profession as students to advanced life.

2. That few, if any, of the medical profession in Ireland, escape typhus fever; that many have had it twice, and several three times.

3. That the fevers of the medical men in Ireland are almost always of a bad character, even when the epidemic is not of the worst kind; and that, consequently, fever has proved more fatal to medical men than to any other class of the community of a similar grade in this country.

4. That the fevers and other infectious diseases, from which our profession suffers so severely, are generally contracted in the discharge of public duties, either in attendance upon sanitary institutions, or in the miserable, ill-ventilated and dirty dwellings of the poor.

5. That, according to our returns received for the period prior to 1843—undoubtedly deficient—568 out of 1220 practitioners in charge of medical institutions suffered from typhus fever; of these, twenty-eight had fever twice, and nine three times; and that, of the whole number, three hundred, or one-fourth, died.

6. That the calculations contained in the papers which we have now laid before the public show that, of 743 deaths of medical men, of which we possess the particulars, 331 were caused by typhus fever, or 1 in every 2.24; nearly forty-five per cent of the whole.

7. That, during the prevalence of the late epidemic, 500 Irish medical men, at the lowest computation, suffered from fever or other epidemic diseases, contracted, for the most part, in discharge of public duties, by which themselves and their families have suffered considerable loss.

8. That about one fifteenth of the medical community of Ireland have died during the year 1847.—*New York Jour. Med.*

**Pericarditis.**—It is important to notice that the pains accompanying chest diseases are often referred by the patient to situations inferior, in point of position, to those organs actually affected. This accounts for the frequency of liver affection as a clinical disease, and the rarity of its detection on post-mortem examination. The pains of pericarditis are mostly referred to the scrobiculus cordis or hypochondrium. In one case where Jak-sch, misled by these symptoms, diagnosed inflammation of the diaphragm, copious pericarditic effusion was found after death.

*Hannoversche Annalen.*

A young man, while under the care of M. Robert, Surgeon of the "Hospital Beaujor," Paris, was placed under the influence of chloroform, to undergo amputation of the thighs at the hip-joint.

The operation was commenced and the patient awoke, when M. Robert directed him to repeat the inhalation. But scarcely had a quarter of a minute elapsed, when loud stertorous breathing began, and the inhalation was immediately stopped. The face became extremely pale, pupils dilated, and eyeballs strongly turned upwards. The operation was suspended, and every effort made to restore the patient, but without avail. He was dead.

*London Lancet.*

**Honorable Fees.**—We were recently called into consultation with the Professor of Obstetrics, &c., in the Medical College of Georgia, to attend a lady in puerperal convulsions. When the case terminated, a bank check, signed by the husband, who is a member of our bar, with the amount left blank, was sent to each of us.

**Another.**—We learn that a surgeon in Savannah, having operated successfully on the son of a lady in that city, had, besides his usual fee, a splendid case of surgical instruments presented to him by the grateful mother. These are truly green spots in the arid professional path, and we have to regret they are so far apart.—[*Southern Med. and Surg. Jour.*]

**The Eclectic Practitioners, or the so-called Practical Men.**—There are medical men in high positions, greatly occupied with numerous patients, who from a want of study, of intelligence, or of time, from a natural indolence, or from being too old to master recent important improvements, affect a supreme disdain for everything that concerns doctrine or generalization, either physiological or philosophical. They call themselves PRACTICAL men, and speak ironically of theorists—men of science or of the closet, such who labor most for the advancement of medical science, and

whose knowledge crushes and confounds them. These so-called practical men are those who have no doctrine and no general principles, who gather together ready-made formulæ and isolated cases, without any kind of scientific discernment. The only medicine they study is that contained in small books of prescriptions, published in 18mo. or 24mo., which they carry in their pocket, and know by heart. We have frequently had occasion to remark that a practical man, that is, a man who boasts of knowing nothing of scientific medicine, is a medical machine inferior intellectually to a master-mason, a locksmith, or a cabinet-maker, for these have principles and a sort of doctrine which they apply in their business. They were appreciated in like manner by a learned individual whose authority no one could doubt, and who said—"The true eclectic works without conviction, without principle, without idea. He is continually enlarging his circle, in order to enclose within it facts of the most contradictory nature—they sacrifice in a sort to every god, and create a kind of scientific atheism, not less fatal to true science than atheism properly so-called is to true religion—*Professor Cruveilhier's Address to the Anatomical Society, 1845.*

MAYVILLE, N. Y., August, 1848.

DR. KIRBY:

**Dear Sir**—The time has come when the people begin to judge for themselves in matters relative to medicine as on other topics of the day. We often hear them asking questions like the following: "How is it that Homœopathic medicines operate as they do, for frequently they seem more powerful and prompt to relieve the suffering sick than the large and oft repeated doses of Allopathy." Such inquiries, emanating as they do from many intelligent lay men, are worthy of consideration. Let me briefly undertake to answer it.

"*Similia similibus curantur*," or like cures like, is the doctrine which every true Homœopath recognizes as the only infallible guide in the administration of medicine; and every medical man who has thoroughly tried it, will have perfect confidence in its success; and the reason of this success will appear plain with the annexed considerations.

If we take a candid view of health and disease, we must distinguish two distinct kinds or orders of originating forces; thus, a force which constitutes the harmony of the organism in its normal state, and a force which creates that disturbance of the organism which constitutes disease.

Now, experiment often tried, and experi-

ence too, have shown that in the various drugs which are used in medicine is found embodied this same disturbing force, or in other words, each and every drug has in itself the capability, when taken into the system, of creating a disease *sui generis*; and it is this power which constitutes its medicinal properties; and more, it is by virtue of this power that they are capable of curing disease at all. So far the Homœopathic doctrine amounts to a demonstration.

Let us now refer to the law exhibited above, and bear in mind that drugs cure disease only by virtue of their power to create disease; and one of two things must be true, either we must create a new and different disease to cure the existing one, or we must create one similar and like it to perform the cure. I am unable to discover how we shall gain any thing by the first course, for I have seen an individual afflicted with a fever sore for five years, attacked with a bilious fever, and the fever cured and the sore remain as it was. I have seen a man suffering with syphilis and delirium tremens at the same time. Again, I have seen a person in the last stage of confirmed phthisis bitten by a rabid dog and actually ran mad, but finally cured of hydrophobia and died in three months of the former disease. Wherefore I am convinced that two diseases may exist on the same person at the same time, and to create the one will not cure the other. Hence, it is plain, I am driven to the only true and rational method of cure, *similia similibus curantur*.

Time forbids my carrying the subject farther. I shall reserve the *rationale* of attenuated doses for a future communication.

Respectfully, yours, &c.,

C. C. CROSSFIELD, M. D.

LEXINGTON, Aug. 19, 1848.

S. R. KIRBY, M. D.:

Dear Sir—Absence from home on family business has, until now, delayed this missive, much against my will. The circumstance alluded to has, hitherto, prevented me from carrying into execution the intentions expressed in my last letter to you, of giving a few lectures on the theory and practice of Homœopathy in this state. That difficulty, however, being nearly overcome, you may expect to hear from me shortly on that subject. Homœopathy has suffered a great deal in this vicinity from the circumstance that, until lately, the practice has been of the *mixed mode*.

Homœopathy certainly has suffered, does suffer, and will continue to suffer more from such mongrel practice than from any other cause.

Wishing your useful journal every success, I remain, dear sir,

Yours sincerely,

JAMES JONES, M. D.

WATERTOWN, N. Y., May 17, 1848.

DEAR SIR:

Inclosed I send one dollar for the "Journal of Homœopathy." Please enroll me as a subscriber.

I came directly here on leaving the city this Spring, and found many of the intelligent and influential citizens anxious to test the efficacy of Homœopathy, and have already administered to many who were tired of drugging for chronic diseases. It being very healthy, I have met with but few acute ones. My confidence is unlimited in the efficacy of the high potencies, if not too often repeated. I have succeeded in relieving many long-standing diseases by a single dose, and have the warmest assurances from my patients of full confidence in the practice. As an instance, I will relate a case. Miss B., aged 18, lymphatic temperament, was attacked on Friday evening with chills, and pain in back and limbs, followed by high fever, alternating with sweat. During the night, nausea—breath purid and exceedingly oppressive—with rapid enlargement of tonsils and roots of tongue; the throat was nearly filled; moral dejection and manifest indifference. Saw her Saturday, 9th October, A. M.; gave 2 globules mer. 30. She began to convalesce in one hour; and was about the house as well as usual (weakness excepted,) on Monday.

Another—Mrs. B., aged 48, cessation of menses, with fever and soreness in left pubic region. Palpitation cordis, and sensation of trembling in the epigastric region; faint and sinking sensation in stomach; rolling in abdomen from side to side relieved by belching. At times sensation as of board pressing across the abdomen; heavy dull pain in bladder, urine, brown brick-dust colored sediment; constipation; pain and lameness in left shoulder-blade; melancholia, and disposed to look on the dark side of every thing. Symptoms aggravated by sitting, and worse towards night. Had been under Allopathic treatment for six months. Had been told by three physicians that she could have but little help until



time had effected "a change in life;" and they gave her only anodyne. But a single dose of puls. 200, took old Time by the forelock, and in less than two weeks, she was relieved of all her bad symptoms and able to be out.

I remain, yours, &c.,

To Dr. KIRBY. GEO. F. FOOTE.

*The Milwaukee Homœopathic Medical Reporter. Published in Milwaukee, and Edited by Drs. Douglass and Tracy.*

We have regarded this periodical as a local affair, and intended as much for a medium of advertising the editors as any thing else. The last number, however, looked a little more unselfish, and we trust that improvement in this respect will continue. We hope the monthly statement of the private practice of the editors will be discontinued. This cannot be regarded by the profession in any other light, than direct advertising. Statistical tables of private practice never had any weight, and never should have any, upon the profession. It is, however, but just, that we should say, that able articles have appeared in the Milwaukee Homœopathic Medical Reporter, as the production of the Editors; and if those monthly statistical tables were omitted, that periodical would perhaps be unexceptionable. The Editors must be aware that we can have no other than the kindest feelings for them. The object we wish to accomplish is, that their talents should be exerted in a right direction, to spread a knowledge of Homœopathy in an unexceptionable manner through the columns of their Journal.

*The North-western Journal of Homœopathia. Edited by George E. Shipman, M. D.*

The first number of the above named periodical has been received by us. It will be published monthly, in Chicago, Illinois, at one dollar a year. The editor is a zealous advocate of Homœopathy; and his labors will doubtless be useful, in helping forward a real reform in the healing art.

We hope Dr. S. will be sustained in his laudable enterprise, by the physicians of the homœopathic school. He has our best wishes for success.

*South-western Homœopathic Journal and Review.*

This Journal is published monthly in St. Louis, and edited by John T. Temple, M. D.

It has entered upon the second volume. It is well conducted, and is an efficient auxiliary in promoting the progress of Homœopathy. Only a few numbers of the first volume have been received at this office. Will the Publisher have the goodness to send us all of that volume?

#### HOMŒOPATHIC MEDICAL COLLEGE OF PENNSYLVANIA.

*College Building located in the rear of 229 Arch street, Philadelphia.*

Preliminary Instructions will commence on Monday the sixteenth day of October. The regular course will begin on Monday, the sixth day of November, and continue until the first of March ensuing.

Jacob Jeanes, M. D., Professor of the Principles and practice of Medicine.

Caleb B. Matthews, M. D., Professor of Materia Medica.

Walter Williamson, M. D., Professor of Midwifery and the Diseases of Women and Children.

Francis Sims, M. D., Professor of Surgery.

Samuel Freedley, M. D., Professor of Botany.

Matthew Semple, M. D., Professor of Chemistry.

William A. Gardiner, M. D., Professor of Anatomy.

The Chairs of Physiology and Pathology remain to be filled.

Clinical instruction in Medicine and Surgery will be given at the College.

Lectures will be delivered throughout the year, but the winter course only will be obligatory—attendance on the summer course being at the option of the student.

Standard works on Homœopathy and such books as are generally used in other Medical Schools can be used as text books.

Students who have attended a full course of Lectures in another Medical School, can, after attending the winter course of this college, graduate next Spring, if their attainments justify it.

Fee for a full course \$100.00

Practical Anatomy 10 00

Graduation Fee 30.00

W. WILLIAMSON, M. D.,

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